



Inmate Request to Marry Form

To be completed by inmate:

Inmate Name: _____ Facility Name: _____

Date: _____ Facility CSS: _____

Name of Intended Spouse: _____

Signature of Intended Spouse: _____

I would like to be married by:

- | | |
|---|---|
| <input type="checkbox"/> An ordained or licensed member of the clergy | <input type="checkbox"/> A justice of the peace |
| <input type="checkbox"/> A judge of probate | <input type="checkbox"/> A Supreme Court, superior court, or district court judge |
| <input type="checkbox"/> An assistant judge | <input type="checkbox"/> An individual certified as a temporary officiant |

☐ I would like to receive premarital counseling from a Qualified Mental Health Professional or a member of clergy.